A DOLLO ATION	FEE DETERMINA	TIAN DEAADD
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AI I EIVAIIVII		

Effective October 1, 2000

Application or Docket Number

Wilmington-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY			
TOTAL CLAIMS		7					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		• 6			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	(minus 3 =		. 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PR			RESENT					+135=		OR	+270=	-
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	١	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	73	(Column 1) CLAIMS		HIGH		(Column 3)	1 1) 		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
NDME	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM]	+135=		OR	+270=	
							•	TOTAL		OR	TOTAL ADDIT. FEE	
		(0-1, 4)		(Calu	O\	(Column 3)		ADDIT. FEE			ADDII. FEE	
		(Column 1) CLAIMS	Province of		mn 2) ÆST	(Column 3)	1 1		4001	1	 :	4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OI AIN	=	11	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		ן נ	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
	1	CLAIMS		HIGH	HEST		1 1	1	ADDI-		ſ	ADDI-
ENT		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT C	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						IJ					
				6	MOD !-			+135=		OR	+270=	<u> </u>
	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
l "		imber Previously F					er foi	ind in the ani	oropriate bo	x in co	olumn 1.	